

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27118

State File No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. <u>5856</u>		Registrar's No. <u>212</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Hopkins, Twp.</u>		c. LENGTH OF STAY (If applicable place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hopkins, Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0740</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>John</u>		<u>William</u>		<u>Demott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 1, 1870</u>		9. AGE (In years last birthday) <u>85</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Hopkins, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Demott</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Demott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Demott, Hopkins, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-8</u> , 19 <u>55</u> , to <u>8-13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-12</u> , 19 <u>55</u> , and that death occurred at <u>6:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. Harding MD</u>				23b. ADDRESS <u>Redford St.</u>		23c. DATE SIGNED <u>8/14/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-27-55</u>		REGISTRAR'S SIGNATURE <u>Bess Hult</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u>		ADDRESS <u>Hopkins, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Stanley Swanson

Signed _____
Student Embalmer

Licensed Embalmer No. 3963

P. O. Address Hopkins, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.